



## **Grievance Procedure Under The Americans with Disabilities Act**

The Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Pascagoula. All grievances received will be responded to by the ADA Coordinator or his designee.

Any complaints should be submitted in writing and contain contact information such as name, address, phone number of complainant as well as information about the alleged discrimination including location and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

City of Pascagoula  
ADA Coordinator  
603 Watts Avenue  
Pascagoula, MS 39567  
Fax: 228-762-5538  
Email: [info@cityofpascagoula.com](mailto:info@cityofpascagoula.com)

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or designee will schedule to meet with the complainant to discuss the grievance and possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or designee will respond in writing, and where appropriate, in a format accessible to complainant, such as large print, braille, or audio tape. The response will explain the response of the City of Pascagoula and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the City Manager. The contact number for the City Manager is 228-938-6614.

Within 15 calendar days after receipt of the appeal, the City Manager or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the City Manager or his designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA Coordinator, appeals to the City Manager. And responses from these two offices will be retained by the City of Pascagoula for at least three years.



**TITLE II AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE FORM  
FOR THE CITY OF PASCAGOULA**

*Instructions: Please fill out this form completely, and clearly. Sign and deliver or mail this form to: City of Pascagoula, ADA Coordinator, 603 Watts Avenue, Pascagoula, MS, 39567. This form can also be faxed to 228-762-5538 or submitted by email to [info@cityofpascagoula.com](mailto:info@cityofpascagoula.com).*

1. Full name of grievant:

Address:

City: State: Zip code:

Home telephone: Business telephone:

2. Name of person alleging violation of Title II of the Americans with Disabilities Act (if other than grievant, above):

Address:

City: State: Zip Code:

Home telephone: Business telephone:

3. Name/description of City department, officer, service or program involved:

4. When did the alleged violation(s) occur?

Month: Day: Year: Time of day: am/pm:

5. Describe the alleged incident/act(s), providing name(s), specific incident details, and location information, where possible (attach additional pages/photos if necessary).

6. Has this complaint been filed with the Department of Justice or any other federal, state, or local civil rights agency or court?

No

Yes (Please list agency contact person below)

Name:

Address:

City:                      State:              Zip code:

Telephone:              Date filed or submitted:

7. Additional comments (attach additional pages if needed):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_